



**CULLMAN**  
REGIONAL

## PHYSICIAN'S ORDERS

NAME:  
ROOM NO:  
(ADDRESS)  
HOSP. NO.  
PHYSICIAN

Another brand of drug identical in form and content may be dispensed unless checked. ☐

### Dr. Fuller - Total Hip Arthroplasty Pre-op Order Set

- Obtain Type and Screen for all Total Hip Arthroplasty patients.
- All dressing changes – paint incision with Betadine and apply Bactroban ointment.

MD Signature: \_\_\_\_\_ Date & Time: \_\_\_\_\_

**Cullman Regional**      **Please use Ball Point Pen ONLY**      **Physician's Orders**  
**DO NOT USE:**    U    IU    QD    QOD    MS    MSO4    MgSO4

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